

ASSIGNMENT

Surveyor: OI SUN PIN DOI: 16/03/2021 Date / Time : 16/03/2021
Registered in Merimen: _____

Pre-assign / CCU / FTE

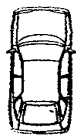
Insured Vehicle No. : GBF 3154P Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$ _____ D.O.A : 14/03/2021 11:18 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

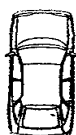
Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**SHB 5808Z

INSRS:
WSP: SMRT ,WL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SHB 5808Z - NJM/INC10007851/T1y1 ; 21/04/2010</u>	Non-Reporting ltr (1st):	
	<u>NS/INC20001046/Qvf3e2 ; 15/01/2020</u>	Non-Reporting ltr (2nd):	
	<u>GBF 3154P - X</u>	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐ ☐
		After call ltr to OI:	☐ ☐
		Authorisation To Act:	☐ ☐
		Release Voucher:	☐ ☐
		Final Repair Bill:	☐ ☐
		Car Rental Invoice:	☐ ☐
		Towing Invoice	☐ ☐
		LTA / GIA :	☐ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
		LOD	☐ ☐
		Payment Breakdown Form:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <u>P/P</u>	\$S <u>4,963.20</u> (<u>3</u> days) Reduction: <u>73</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>06/07/2021</u> Confirm with <u>LEE GEK</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S <u>4,963.20</u>		
Loss of Rental (LOR):	\$S <u>466.52</u> (<u>4</u> days) x \$116.63		
Loss of Use (LOU):	\$S _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	\$S <u>50.00</u> (\$ <u>50</u> x <u>1</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search	\$S <u>7.00</u>		
Medical:	\$S _____	1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	\$S _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S _____	3) Survey fee: <u>400.00</u>	
Total:	\$S <u>5,486.72</u> Global Sum \$S:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	\$S <u>5,486.72</u> Name 1: <u>SMRT TAXIS PTE LTD</u>		
Payee 2: (Strike if N.A.)	\$S _____ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S _____ Name 3: _____		